10/5/1627

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docke; Number

		Effec	tive Octob	10/511 627									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	YTITY	OF		THAN	
TOTAL CLAIMS			anended					RATE	FEE	7	RATE	FEE	
FOR						ER EXTRA		BASIC FE	E 475		BASIC FEE	<u> </u>	
TOTAL CHARGEABLE CLAIMS			minus 20=				7.	XS 9=	1	1	XS18=		
INDEPENDENT CLAIMS			minus 3 =				7	X 44	<u> </u>	OR			
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				7	A 77	<u> </u>	OR	x 88		
*If the difference in column 1 is less than zero, enter "0" in column 2							<b>*150</b>		OR	+300			
								TOTAL	475	OR	TOTAL		
	C	LAIMS AS A	MENDED - PART II (Column 2) (Column 3)				21	SMALL ENTITY O			OTHER THAN R SMALL ENTITY		
A.	·	CLAIMS	T -	HIGHE	ST				ADDI-	) 	JIIIALL	ADDI-	
AMENDMENT ,		REMAINING AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESEN EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	. 33	Minus	-20	<u>C</u>	= 13	_	XS 9=	111	OR	XS18=		
	Independent	<u>  3                                   </u>	Minus	<u> 3</u>		= .	_	X 44		OR	x 88		
		NTATION OF MU	JETIPLE DE	PENDENT	CLAIM	L							
	12.11.	U ·		•				+150	na	OR	+300		
	19.11	(Column 1)		·(Column	n 2)	(Column		ADDIT. FEE	Щ	OR	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R JSLY	PRESEN'	۱ 🗆	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 31	Minus 🐱	- 3	3	=				OR	•		
AME	Incependent	1. y	Minus	3	3	=			100	OR:			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT C	CLAIM		┛╽		/-	.			
						•	ı	. TOTAL	·	OR.	',TOTAL		
				• • •			•	ADDIT. FEE		OR	ADDIT. FEEL		
7		(Column 1)		(Column		(Column	3).						
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<b>.</b>	7	:			<del>-</del> -	TEE .	
	Independent	•	Minus	***		. ·	7 }			OR		·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	· ·		OR		·	
	the esterie and			_				:	Ī	OR		•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								. TOTAL		OR ;	TOTAL ODIT, FEE		
: 1	he, "Highest Num	mber Previously Paid ber Previously Paid	io For IN THIS I For (Total or	SPACE is I	ess than I) is the f	3, enter *3. nighest num	•	· · · •	opriate box				